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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None / QT

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None / QT

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/22/2004

| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY  | SHEETS<br>DRAWING | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
|---------------------------------|--|----------------------|-------------------|-----------------|-----------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | TAIWAN               | 14                | 9               | 1                     |
| Verified and Acknowledged       | <i>10/22/03</i>  | Examiner's Signature | Initials          |                 |                       |

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## TITLE

Massaging mechanism of massaging machine

|                 |   |  |
|-----------------|---|--|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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